Prior Foreign Application

Number(s)





M.A.

PTO/SB/01 (03-01)
Approved for use through 10/31/2002, OMB 0851-0032
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Attorney Docket Number

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		resulting Geometrice.		70777			
		First Named Inventor		Scotlund	stiveur		
		COMPLETE IF KNOWN					
		Application Number					
Declaration Declaration	Filing Date						
Submitted OR Subm	Submitted after Initial Filing (surcharge (37 CFR 1.18 (e)) required)	Group Art Unit					
Filing (37 C		Examiner Name					
As a below named inventor, it hereby declare that: My residence, maiting address, and citizenship are as stated below next to my name. I believe it am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
"Pressure Relief	system						
(Title of the Invention) the specification of which							
is attached hereto based up	oon U.S. Pro	ovis Bual Pater —	nt / iled	App Nº 60/9 Vuly 25, Z	229,609		
was filed on (MM/DD/YYYY)		as United States A	pplicatio	on Number or PCT t	nternational		
Application Number	and was amend	ed on (MM/DD/YYYY)			(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits un or plant breeder's rights certificate(s), or than the United States of America, listed patent, inventor's or plant breeder's right application on which priority is claimed.	der 35 U.S.C. 119(a)-(365(a) of any PCT in t below and have also	d) or (f), or 365(b) of any ternational application who identified below by ch	ackina -	the hox any foreign	application for		

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: [Page 1 of 2]

Foreign Filing Date (MM/DD/YYYY)

Country

Priority

Not Claimed

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Certified Copy Attached?

NO

YES



PTO/S8/01 (03-01)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Number or Ber Code Label		OR ⊠ ∝	prrespondence address below			
Name ScotLund	Stivers						
Address P.O. Box 24	· L						
superior		Sta	• WI	54880			
country "USA"	Tolop	hone		Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:							
Given Name (first and middle [If any]) Scot	Lund	Far or:	nity Name 5+	ivers			
Signature Bedling	Stwe			De July 21,2001			
Residence: City Superic	ov	State WI	Country USA	texan Citizanship			
Malling Address P.O.Bo							
superior,		Same WI	ZIP 54880	Country "USA"			
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [If any])			illy Name				
Inventor's Signature				Cuto			
Residence: City			Coupery	Citizenship			
Mailing Address		/	V (٦			
City		State	ZIP	Country			
Additional inventors are being nan	ned on thesupp	iemental Additional Ir	ventor(s) sheet(s) PTQ	/SB/02A attached hereto.			

[Page 2 of 2]